

Driver's Vehicle Inspection Report

Check any defective Item and give details under "Remarks."

DATE: _____

TRUCK/TRACTOR NO. _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head - Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail - Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Carburetor | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Muffler | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Rear End | |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Heater | <input type="checkbox"/> Fire Extinguisher | |
| | <input type="checkbox"/> Flags-Flares-Fusees | |
| | <input type="checkbox"/> Spare Bulbs & Fuses | |
| | <input type="checkbox"/> Spare Seal Beam | |

TRAILER(S) NO.(S) _____

- | | | |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Lights - All | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Springs | |

Remarks: _____

☐ CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature _____

- ☐ ABOVE DEFECTS CORRECTED
☐ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE _____ DATE: _____

OWNING DRIVER'S SIGNATURE _____ DATE: _____